



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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April 8, 2009

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe 
Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – LEROY HAYNES
CENTER GROUP HOME**

We have completed a review of LeRoy Haynes Center Group Home (Group Home or Agency). The Group Home contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation).

LeRoy Haynes Center Group Home is a seventy-two bed facility, which provides care for boys ages 7-17 years who exhibit behavioral, social and emotional difficulties. At the time of the monitoring visit, the Group Home was providing services for twenty-one DCFS children, thirty-nine Probation children, four San Bernardino County children and one Kern County child.

The Agency is located in the Fifth District.

Scope of Review

The purpose of the review is to determine whether the Agency is providing the services as outlined in their Program Statement. In addition, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, employee records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the

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program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights.

Summary of Findings

Generally, the Agency is providing the services as outlined in their Program Statement. However, the Agency needs to address several deficient areas. For example, the Group Home needs to clean, replace, and repair various items throughout all six cottages. The Group Home also needs to develop comprehensive Needs and Services Plans (NSPs) that include all members of the treatment team in the development and implementation of the NSPs. In addition, the Group Home needs to obtain current court authorizations for all children taking psychotropic medications and encourage and assist children in creating photo albums/life books.

It should be noted that many of these deficiencies were also noted in our last monitoring report dated May 31, 2007.

Attached is a detailed report of the review.

Review of Report

We discussed our report with the Agency's management. In response to the recommendations made in the report, the Agency's management completed a corrective action plan (attached) which we approved. We thank the management and staff for their cooperation during our review.

If you have any questions, please contact me or have your staff contact Don Chadwick at (213) 253-0301.

WLW:MMO:DC:AA:sj

Attachments

c: William T Fujioka, Chief Executive Officer
Patricia S. Ploehn, Director, DCFS
Ted Myers, Chief Deputy Director, DCFS
Susan Kerr, Senior Deputy Director, DCFS
Robert B. Taylor, Chief Probation Officer
Daniel Maydeck, President, LeRoy Haynes Center
Derrick Perry, Program Director, LeRoy Haynes Center
Public Information Office
Audit Committee

**LeRoy Haynes Center
LeRoy Haynes Center Group Home
La Verne, California 91750
License Number: 191501972
Rate Classification Level: 12**

I. Facility and Environment

Method of assessment – Observation

Comments:

LeRoy Haynes Center Group Home is located in a residential community. The exterior of the Group Home is adequately maintained. The front and back yards are clean and adequately landscaped.

Overall, the interior of the Group Home is well maintained. There is adequate furniture and lighting in the Group Home and the Group Home provides a home-like environment. However, the carpet is dirty in Burton, Dow and Gatchell cottages and the shower stalls are dirty in Swain, Thurber and Wittry cottages. In Gatchell cottage, the bathroom tiles are broken, a door is missing from the toilet stall and the kitchen oven is dirty. In Thurber cottage, the bathroom tiles are broken and the kitchen cabinets are dirty. In Wittry cottage, the shower faucet and stove burner are broken and the kitchen exhaust vent and cabinets are dirty.

Generally, children's bedrooms are well maintained. The rooms are orderly and have age-appropriate personalized decorations. There is adequate lighting and storage space. Window coverings and window screens are in good repair. The mattresses are comfortable, the beds all have a full complement of linens and children's sleeping arrangements are appropriate. However, in Wittry cottage, several drawers are missing from the dressers, one dresser is damaged, and there is writing on the emergency exit door in bedroom two. In Thurber cottage, there are holes in the ceiling in bedroom four. In Dow cottage, the wall paint is peeling in bedroom four.

The Group Home maintains age-appropriate and accessible recreational equipment. There are also board games, a TV and a DVD player. Books and resource materials, including a computer with a variety of programs, are also available.

The Group Home maintains a sufficient supply of perishable and non perishable foods.

Recommendations

1. LeRoy Haynes Center management:

- a. Clean the carpet in Burton, Dow and Gatchell cottages.**

- b. Clean the showers in Swain, Thurber and Wittry cottages.
- c. Replace the stall door in bathroom two in Gatchell cottage.
- d. Repair the broken bathroom tiles in Gatchell and Thurber cottages.
- e. Repair the bathroom shower faucet in Wittry cottage.
- f. Clean the kitchen oven in Gatchell cottage.
- g. Clean the kitchen exhaust vent and repair the burner on the stove in Wittry cottage.
- h. Clean and refinish the kitchen cabinets in Thurber and Wittry cottages.
- i. Replace the missing dresser drawers in bedrooms one, five and six in Wittry cottage.
- j. Paint the interior emergency exit door in bedroom two in Wittry cottage.
- k. Repair the dresser in bedroom two in Wittry cottage.
- l. Repair the ceiling in bedroom four in Thurber cottage.
- m. Paint the walls in bedroom four in Dow cottage.

II. Program Services

Method of assessment – Review of relevant documents and interviews

Sample size: Six

Comments:

Children meet the Group Home's population criteria as outlined in their Program Statement. Children are assessed for needed services within thirty days of placement.

The Needs and Services Plans (NSPs) are current and include short and long term goals. However, the NSPs are not comprehensive and all members of the treatment team are not included in the development or implementation of the NSPs.

Case files reflect adequate documentation to show that children are receiving treatment services.

Recommendations

2. LeRoy Haynes Center management:

- a. Develop comprehensive Needs and Services Plans for all children.**
- b. Include all members of the treatment team in the development and implementation of the Needs and Service Plans.**

III. Educational and Emancipation Services

Method of assessment – Review of relevant documents and interviews

Sample size: Six

Comments:

Children are attending school. Children are provided with educational support and resources to meet their educational needs and are progressing satisfactorily in school. The Group Home's program includes the development of children's daily living, self-help and survival skills.

Children are provided with opportunities to participate in emancipation and vocational programs as appropriate.

Recommendation

There are no recommendations for this section.

IV. Recreation and Activities

Method of assessment – Review of relevant documents and interviews

Sample size: Six

Comments:

The Group Home provides children with sufficient recreational activities and leisure time. Children are provided with opportunities to participate in planning activities. Children also participate in extra-curricular, enrichment and social activities in which they have an interest. The Group Home provides transportation to and from the activities.

Recommendation

There are no recommendations for this section.

V. Psychotropic Medication

Method of assessment – Review of relevant documents

Comments:

Documentation confirms that children are routinely seen by the prescribing psychiatrist. However, children do not have current court authorizations for the psychotropic medications that they are taking.

Children are informed about their psychotropic medication and are aware of their right to refuse medication. Medication distribution logs are properly maintained.

Recommendation

- 3. LeRoy Haynes Center management obtain current court authorizations for all children taking psychotropic medications.**

VI. Personal Rights

Method of assessment – Interviews with children

Sample size: Six

Comments:

Children are informed about the Group Home's policies and procedures. Children report that they feel safe in the Group Home and are provided appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff and report that the staff treats them with respect and dignity.

Children report that they are assigned chores that are reasonable and not too demanding. Children are allowed to make and receive personal telephone calls, send and receive unopened mail and have private visitors. Children attend religious services of their choice.

Children report that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior.

Children report satisfaction with meals and snacks. Children also receive voluntary medical, dental and psychiatric care.

Recommendation

There are no recommendations for this section.

VII. Clothing and Allowance

Method of assessment – Review of relevant documents and interviews

Sample size: Six

Comments:

The Group Home provides appropriate clothing, items of necessity and the required \$50 monthly clothing allowance to children. Children are provided with opportunities to select their own clothes. Clothing provided to children is of good quality and of sufficient quantity.

The Group Home provides children with the required minimum weekly allowance. Children spend their allowances as they choose.

The Group Home provides children with adequate personal care items. However, children are not encouraged or assisted in creating and maintaining photo albums/life books.

Recommendation

- 4. LeRoy Haynes Center management encourage and assist children in creating and maintaining photo albums/life books.**

VIII. Personnel Background Checks

Method of assessment - Review of relevant documents

Sample size: 108

Comments:

The Group Home has obtained the required criminal and child abuse clearances for their employees.

Recommendation

There are no recommendations for this section.

**Leroy Haynes Center
Corrective Action Plans
County of Los Angeles Department of Auditor Controller
Children's Group Home Ombudsman Division**

October 20, 2008

I. Facility and Environment

Recommendation 1.a. Clean the carpet in Burton, Dow and Gatchell Cottages

Status:

Burton Cottage: Carpet was removed and new tile flooring installed throughout the cottage.

Gatchell Cottage: New tile flooring was installed to replace carpet in those areas where cleaning the carpet would not improve the appearance.

Dow Cottage: Carpet was cleaned

See Exhibit A (picture)

Plan to prevent reoccurrence: Unit Manager will ensure that floor care needs are listed on the Daily Maintenance Log and Maintenance staff will ensure that the floor cleaning is completed in a timely manner.

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

1.b. Clean the showers in Swain, Thurber and Wittry Cottages

Status: Showers in Swain, Thurber and Wittry Cottage were cleaned by cottage staff.

Plan to prevent reoccurrence: Unit Manager will inspect showers weekly and ensure that they are cleaned.

Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Recommendation 1.c. Replaced the stall door in bathroom 2 in Gatchell Cottage

Status: Stall door in bathroom 2 in Gatchell Cottage was replaced.

See Exhibit B (picture)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Recommendation 1.d. Repair the broken bathroom tiles in Gatchell and Thurber Cottages

Status:

Gatchell Cottage: Tile was repaired however, the repair did not last. It was noted that the shower pan needed to be replaced in order to adequately repair the tile. The shower pan is in the process of being installed and new tile will be added once this installation is complete.

Thurber Cottage: The tile was repaired

See Exhibit C (pictures)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Recommendation 1.e. Repair the bathroom shower faucet in Wittry Cottage

Status: Shower faucet has been repaired.

See Exhibit D (picture)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Recommendation 1.f. Clean the oven in Gatchell Cottage

Status: The oven has been cleaned.

Plan to prevent reoccurrence: The Gatchell Unit Manager will ensure that staff check the oven daily and clean as needed.

Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.g. Clean the kitchen exhaust vent and repair the right rear burner on the stove in Wittry Cottage

Status: The kitchen exhaust vent was cleaned. The right rear burner on the stove was repaired.

Plan to prevent reoccurrence: The Wittry Unit Manager will ensure that staff check the exhaust vent daily and clean as needed. Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Program Director and Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.h. Clean and refinish the kitchen cabinets in Thurber and Wittry Cottages

Status: A Contract has been awarded for replacing the kitchen cabinets in Thurber and Wittry Cottages. The custom built cabinets are in the process of being built and the project should be completed by late November 2008.

See Exhibit E (Estimate)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Program Director and Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.i. Replace the missing dresser drawers in bedrooms one, five and six in Wittry Cottage

Status: Missing dresser drawers in bedrooms one, five and six in Wittry Cottage have been replaced.

See Exhibit F (pictures)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Program Director and Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Recommendation 1.j. Paint the interior emergency exit door in bedroom two in Wittry Cottage

Status: Interior emergency exit door in bedroom two in Wittry cottage was painted.

See Exhibit G (picture)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Program Director and Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.k. Repair the dresser in bedroom two in Wittry Cottage

Status: The dresser in bedroom two in Wittry Cottage was repaired.

See Exhibit H (picture)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Program Director and Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.l. Repair the ceiling in bedroom four in Thurber Cottage

Status: The ceiling in bedroom four in Thurber Cottage was patched and painted.

Exhibit I (picture)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Director of Operations and Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Recommendation 1.m. Paint the walls in bedroom four in Dow Cottage

Status: The walls in bedroom four in Dow Cottage have been painted.
Exhibit J (picture)

Plan to prevent reoccurrence: Unit Manager will ensure that repair requests are listed on the Daily Maintenance Log and Maintenance staff will ensure that repairs are completed in a timely manner.

Person responsible for implementing corrective action: Director of Operations and Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

II. Program Services

Recommendation 2.a. Develop Comprehensive Needs and Services Plans for all children

Status: The Agency is consistently using the Needs and Services Plan template as required by the DCFS/Probation Contract. The Agency has incorporated recommendations on improving Needs and Services Plans given by auditors upon completion of their audits. The QA Coordinator has also consulted with the Agency's assigned DCFS Out of Home Care Monitor and has incorporated his recommendations on the Needs and Services Plans. The DCFS Out of Home Care Monitor is scheduled to provide training to Agency Staff regarding Needs and Services Plans by the second week of November. This plan will be fully implemented by mid-November 2008.

Plan to prevent reoccurrence: Agency will continue to make the development of comprehensive Needs and Services Plan a priority.

Person responsible for implementing corrective action: QA Coordinator and Program Director.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 2.b. Include all members of the Treatment Team in the development of the Needs and Services Plan

Status: The County Workers are invited to the Needs and Services Planning Meetings of their placed children. A Needs and Services Plan Meeting Notice is faxed to the County Worker. In addition, the Needs and Services Plan is faxed to the County Worker of each placed child with a request for the worker to review the Plan and return the signature page to the agency to indicate their approval of the Plan. The Agency will also attempt to contact each County Worker by phone or during an on-site visit to obtain the County Worker's feedback and approval of the Needs and Services Plan. All placed children are included in the development of the Needs and Services Plan; however, the Agency was not using child friendly language in the development of the goals so children were unclear as to their goals. The Agency is now using child friendly language to ensure that all children can clearly state their goals. This plan has been implemented.

Plan to prevent reoccurrence: As described above, the agency will make every effort to obtain the County Worker's approval of the Needs and Services Plan and will continue to ensure that the placed children are involved in the development of their Needs and Services Plan.

Person responsible for implementing corrective action: QA Coordinator

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Section III. Education and Emancipation Services

There were no recommendations for this section

Section IV. Recreation and Activities

There were no recommendations for this section

Section V. Psychotropic Medication

Recommendation 3 Leroy Haynes management obtain current court authorizations for all children

Status: All currently placed children now have a current court authorization for psychotropic medication.

Plan to prevent reoccurrence: The Agency Nursing staff will ensure that a court authorization form is completed for all children prescribed psychotropic medication and that all authorizations are renewed every 6 months. The QA Coordinator will perform regular audits of the children's psychiatric records to ensure that court authorizations are being completed as required.

Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator

Section VI.

There were no recommendations for this section

Section VII. Clothing and allowance

Recommendation 4 Leroy Haynes Center Management will Encourage and assist children in creating and maintaining photo/life books

Status: Upon intake, all minors will receive a notebook which will serve as their on-going life book which they can use for maintaining memories and special occasions during their treatment at the LeRoy Haynes Center. This plan will be implemented November 1, 2008 upon delivery of notebooks ordered for use as photo/lifebooks.

Plan to prevent reoccurrence: Unit Managers will be responsible for assigning staff to assist residents in creating and maintaining photo/life books.

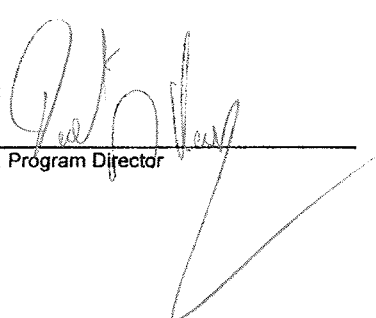
Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Section VIII Personnel Background Checks

There were no recommendations for this section.

Submitted by:


Derrick Perry, Program Director